

# **SEIU, Service Employees International Union, Position Paper on the Mental Health Services Act**

**April 2005**

**Working Together Works...**



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## **SECTION ONE**

### **Vision Statement**

**T**he Service Employees International Union embraces the transformation of the mental health system. We, as mental health workers, have spent our work days alongside clients and family members struggling with the current mental health service delivery system and wishing for an opportunity to make real change. The opportunity has arrived for us, in coalition with other stakeholders, to voice our vision for the necessary changes to the mental health system.

Through grassroots activities—including signature gathering, phone banking, and fund raising—we joined with clients, family members, community-based

organizations, county mental health departments, and others to help pass the Mental Health Services Act (MHSA). The coming together of all the stakeholders—bringing each of our strengths to bear—was what allowed us to have this great opportunity for change. **Now, SEIU members bring our strength of firsthand knowledge, commitment, and ability to the process of planning and implementing the MHSA.**

A key aspect of system transformation is to utilize the same coalition partners and approach it took to get MHSA passed. We all witnessed the power of the stakeholders working together to pass this historic proposition. We can see the same power if we all work together in planning and implementation.

Each morning, afternoon, or evening when we go to work in a mental health setting we are committed to providing effective services to clients. We work in outpatient clinics, psychosocial rehabilitation, wraparound services, acute diversion programs, school settings, in the community with individuals and families who are currently homeless, as well as hundreds of other settings. In all of these settings, we find a range of practices—some that support people improving their lives and other that are barriers to improvements. Our voice is crucial to a transformation that we can all envision; we have the practical experience and knowledge to turn a vision into a reality.

**The key to success will be for workers, clients and families to have a formal voice in envisioning, creating, and implementing the MHSA.** Client voice is critical as partners in individual service goals, in the planning and implementation, and in client-run services. Clients have a unique understanding that they can share with other clients as peer counselors and in client-run programs. We envision family members having an important role in developing family service plans with children, in the planning and implementation, as well as in peer counselor/advocacy positions. Through this transformation, the workforce will develop, and clients and family members will belong to our union in larger numbers. We welcome this opportunity to include these key individuals as members.

To comply with the letter and spirit of the Mental Health Services Act, we believe that funding from the Act should be used solely for voluntary services.

**Our vision of the workers in a transformed system includes each worker having necessary supports and tools to meet goals for workers, clients and family members.** Workers must feel empowered on a daily basis. Empowerment is possible with a few essential ingredients:

- **A worker voice** in all aspects of the mental health service delivery system, at all levels, with real decision-making ability,
- **Caseloads** that allow workers to do for that that they went into this work: providing effective services to clients and families,
- **Adequate wages and benefits** to live and support a family, and
- **Opportunities for advancement** including promotion, career ladders and educational opportunities.

Workers must provide services in a harmonious environment where each individual at every level has a commitment to the same vision and where decisions are made based on that vision.

We believe that cultural competence is a crucial element that includes staff training, diversity that reflects the community, location of programs, linkages to primary care and religious communities, client and family members as staff, and

identifying and providing services to unserved and underserved communities. We see access to services intertwined with cultural competence. To have real access service provision needs to be in the community an individual lives, in the language he/she speaks, and in a setting in which he/she is comfortable. To achieve cultural competence and true access to services, we need workers who are a part of the community they serve. Many of us put these values into practice today, living and working in diverse communities around the state.

We believe that as we move towards transformation, training will be one of the most crucial elements leading to success. Training of workers, clients, family members, managers and others is needed to move toward a common vision of a new system built on all voices being heard, respected and included in all decisions. Training design must come from all of these voices who will identify training needs, training gaps, and necessary new skills to meet the needs of a transformed system.

**O**ur union has an 80-year history of fighting for social justice, including workers rights and civil rights. The working families that make up our union are some of the same working families who seek the services our mental health members provide. We see the transformation of the mental health system as a movement to assert the civil rights of clients and family members, as well as increasing the level of social justice for workers, clients and family

members. As California implements the MHSA, we seek to end discrimination against people who are diagnosed with mental illness or designated emotionally disturbed through comprehensive training and community education.

We believe that the foundation of a transformed mental health system is the workforce. A successful transformation will be visible as a client and worker sit together identifying the necessary steps for the client to meet his/her individual goals. Each aspect of the building blocks to achieve individual goals must be in place. The worker must have the tools necessary to meet the requirements of their role in a transformed system.

**O**ur vision is a successful transformation based on a “bottom up” approach led by workers, clients, and family members coming together to use their many years of struggle, observation and experience to build a new system that meets the goals we all have identified.

## **SECTION TWO**

### **Services and Funding**

**O**ur goal for services is simple: adults need to have the opportunity to live as independently as possible in their communities and children need to live in their homes with their families. In order to meet this goal, we need a flexible, creative, and community-based array of services that

fills the gaps which plague the current system.

Our vision of a system that will provide full mental health services within each community includes:

- **A client-centered approach to mental health services** with the system wide goal of client independence built on a real partnership between clients, family members, workers, and employers. Clients and family members should have access to self-advocacy training.
- **A culturally competent mental health system** that includes specific bilingual, bicultural programs in the community; provides services for people with disabilities; meets the needs of one's sexual orientation—gay, lesbian, transgender, questioning or straight; and recognizes individual differences in spirituality.
- **A continuum of care** that enables clients to receive the level of services they need, without any gaps in service as they move through life. We understand the vital need for all services, provided by counties, community based organizations, criminal justice, education, social services and primary care, to be linked together.
- **In particular, services for individuals diagnosed with both**

**substance abuse and mental illness constitute a major gap which must be filled.** MHSA presents an opportunity to overcome the misalignment of funding for these services and to bring online more services where staff members are trained in age-specific dual diagnosis services.

#### **EARLY INTERVENTION AND PREVENTION**

**We are encouraged by the MHSA recognition that improving early intervention and prevention is a linchpin of system transformation.** For the next three years a full 20% of MHSA funding will go toward these services and we feel that those funds should be used wisely to fill the gaps in current services. Those of us who provide services in jails, juvenile halls and prisons see the high cost -- in lives and in dollars -- resulting from the current lack of prevention and early intervention services. We urge the state to develop best practice models where increased needs assessment and evaluation are part of an integrated service delivery system for families. For more effective early identification and prevention we believe education of teachers, children, families, physicians, law enforcement and employers should be a priority.

#### **CHILDREN'S SERVICES AND TRANSITION AGE YOUTH**

**We seek to have children stay with their families first, and for whatever time that goal is not possible, to**

**be as close as possible, staying within their home communities, or their home counties.** This security and continuity in children's lives should be reinforced by forming partnerships with schools, recreation facilities, and other agencies with which children and their families interact. Mental health services for children and youth should foster and facilitate age-appropriate and effective modalities as a recognition that children and adult mental health needs differ. We strongly believe that all professionals who provide services to children in the mental health system -- special education personnel, social workers, teachers, physicians, and law enforcement -- should have comprehensive training including training on the impact of medications on children.

Continuity of services is an acute problem in the present system of care for transition age youth. We see that there is a need for seamless, comprehensive, targeted services for these youth to successfully navigate their teenage years as well as their transition into adulthood.

#### **ADULTS AND OLDER ADULTS**

**T****o have a truly client-centered approach to mental health services we believe that providing clients with the best quality of life should be our central focus.** Every client should have a home, be given the chance to build meaningful relationships, choose social and recreational activities, and be part of his/her community. Adult clients should be offered vocational

training, education, and employment services that lead to jobs with benefits, a living wage, and a client/worker voice. An adult client should be allowed to define who should be included as members of his/her own family. Client operated peer programs and self help centers should be created and include peer support, education for parents by peer/client educators, and human resources specialists to assist employers in hiring client workers. Client housing is critical to allowing for an independent life, and at this time needs are not being met. We urge that every effort should be made to provide adequate housing for clients through the MHSA.

As with transitional youth, older adults experience many of the same gaps in services. For example, board and care regulations cause many clients who reach the age of 65 to be unnecessarily evicted from their homes. While the needs of older adults vary considerably between those in their 60s and those in their 90s, in general older adults prefer to be served in smaller, quieter settings oriented to their needs. Transportation to medical appointments and home visiting where necessary are critical components of care. When clients age, it is necessary for their providers to understand the complex medication issues that can occur and the negative effects of physical isolation. Education regarding mental health concerns particular to older adults should be a priority.

## FUNDING

**The MHSA was passed to support, expand, and create successful programs such as AB 2034 and the Children’s System of Care.** Therefore, as counties look to expand services, existing programs with successful outcomes should be considered first. With the additional revenue the MHSA will raise for mental health services, current program funding should not be supplanted with MHSA funds. We believe that it is fiscally responsible to fund community-based prevention services that reduce the need for crisis services in the future. Finally, additional funding sources should be procured to bolster the services and supports which receive MHSA funding through the county planning process. For example, where a stakeholder process determines that supportive housing is needed, the county and community-based organizations should seek funding from Prop 46 Housing Bonds, HUD, and similar sources.

## INNOVATIONS

**As mental health service workers we see the possibilities for improvement and change.** We view the MHSA as an opportunity to provide services that have previously never been available. We encourage counties to consult with mental health workers when seeking ideas for innovative programs, and allow staff to develop new programs. In SEIU, we share ideas across counties to encourage the spread of best practices. Our innovative

vision includes services being provided where the people who need the services are located. We imagine service providers in every community that can meet all of their clients’ needs in one convenient location.

## CAPITAL FACILITIES

**We have a concrete vision of the capital facilities expansion outlined by the MHSA described below.**

We have seen that clients and family members are looking to the MHSA to provide computers and computer literacy training that will open the door to new levels of networking and information-gathering. As mentioned above, client and family housing is a priority around the state; transportation is another major gap in the current system. We also recognize the underserved clients in rural areas. They need facilities to be developed in their communities and transportation to those facilities once available.

## SECTION THREE

# Workforce

**Dignity, respect, and support for all who are a part of the mental health system—clients, families, and workers—must be a priority in considering any services transformation.**

As the leading voice for mental health workers in a range of job positions, settings, and localities throughout California, we call for county and state stakeholders to address key workforce considerations as we jointly

seek to transform the mental health system of services in the state.

With the goal of improving quality of services for clients and families, we stress system improvements in the following workforce areas:

- **Providing real ways for workers' to have a voice** in services for clients,
- **Addressing the root causes** of worker turnover and difficulty in hiring to improve staff retention and recruitment, including among culturally diverse staff,
- **Access for all current and future workers** to high quality, practical, and continuous education, training, and advancement opportunities,
- **Instituting structural changes** that allow adherence to professional and clinical ethical standards, and
- **Procuring needed equipment** and facility improvement for state-of-the-art, appropriate service provision.

The transition to the recovery model and expansion of mental health services creates a need for a larger workforce providing a wide range of mental health services. With these twin workforce needs of system transformation set forth by MHSA, we offer these recommendations as experienced workers in mental health services.

## **VOICE IN CLIENT SERVICE PROVISION AND MENTAL HEALTH SYSTEM**

**A**s direct service staff, we have extensive relationships with clients and families served by the mental health system. We want employers to establish meaningful, viable structures for workers to participate in decisions made about client services. It is unjust to work in a field in which workers are underpaid and unheard. Worker expertise should be sought in transforming the mental health system as a whole as well. When designing new programs and requesting funds for these programs, funding priority should be given to agencies that involve their direct line staff in developing programs.

We insist that no MHSA (or other mental health) funding should be used to assist or deter mental health workers when they are organizing a union to accomplish any of the priorities set forth in this paper. Recognizing the importance of a strong worker voice in creating appropriate services, efforts to support workers in articulating their views should be encouraged.

## **STAFF RETENTION AND RECRUITMENT**

**A**s direct service providers, we see firsthand how clients suffer from the high rate of line staff turnover. In order to transform the mental health system to provide the highest quality client services and promote recovery, the implementation of MHSA must address recruitment and retention. Quality working conditions

produce quality client services. Our experience within the system and suggested changes are essential to building a workforce that will transform the existing system and implement new services under MHSA.

We believe increasing pay and benefits for staff will raise the attractiveness of the mental health field for prospective workers and create greater attachment to jobs among existing workers in the mental health field. Investing in workers through providing state-of-the-art, comprehensive and relevant training, and creating an environment of respect for workers, clients, and families also increases staff retention. Establishing and upholding manageable caseload levels reduce staff turnover and encourages entrants into the field. All of these changes to boost staff longevity will build greater worker expertise, continuity of care for clients, and result in improved outcomes for clients.

With the Act's focus on building a culturally competent workforce, counties and employers should leverage our presence in diverse communities to outreach to potential workers and promote from within current workforce. We can help recruit the diverse staff needed to provide for underserved communities through outreach to schools, churches, and other community groups. SEIU initiatives have demonstrated the success of reaching out to underserved communities to recruit staff with diverse backgrounds and skills. SEIU paraprofessional teachers living and working

throughout Los Angeles participate in a program they negotiated with the LA Unified School District to receive training needed for certification to become teachers. Their retention rate exceeds that of teachers hired from outside.

## **EDUCATION, TRAINING, AND ADVANCEMENT OPPORTUNITIES**

**The MHSA's emphasis on providing innovative services and expanding service provision requires extensive education and training for new and existing workers so that we can effectively implement the recovery and wellness service models.** Building on the experience and skill of the current workforce, we strongly urge that existing workers be supported and given every opportunity to take on new jobs in the changing mental health service system through promotions and career ladders. Increasing workers' skill acquisition and responsibility improves the quality of services provided, raises workers' investment in their jobs, and reduces turnover.

Comprehensive, practical training in the recovery model should be provided for workers as new services are implemented and existing services are transformed. Direct service staff need training to succeed in doing things differently; change starts with workers providing services to clients and families in new and different ways. Immediate and continuous training, with an emphasis on practical aspects of workers' jobs, is needed to transform old models of



working. Some of this training should be developed and delivered by clients and families; direct care staff with relevant experience can also become trainers.

Sufficient training for existing staff and opportunities for advancement will increase retention, a goal of the MHSA and a key factor in providing quality services. Well-trained workers perform their jobs better and feel more invested in the job, which reduces staff turnover. Taking on greater responsibility, progressing in job classification, and resulting higher wages are natural incentives for workers to remain in the mental health services field. To encourage advancement, employers and the mental health system should value personal and professional experience and support individuals in transitioning to new jobs. Providing targeted, practical skill training in communication, writing, leadership, and working with people of different cultures, languages, and communities is essential to promoting successful career advancement among existing workers.

#### **ADHERENCE TO PROFESSIONAL STANDARDS**

**F**unding concerns have unnecessarily compromised decisions made about client services and workers' professional standards. Given additional funding provided through MHSA and the emphasis on providing "whatever it takes" to serve clients rather than whatever services can be billed to a particular funding stream, we advocate for a focus on providing effective

services as the basis for making decisions about client services.

The existing mental health system has created an erosion of ethical and professional standards through its emphasis on billing for services, and this mindset must be changed to ensure that clients are receiving the most appropriate services. Client needs, best practices for services, and client and family wishes should underlie decisions made about services, not federal guidelines about which services result in funding reimbursement. The current emphasis on billable services distracts from client needs, sets up wrong incentives for management and staff in deciding about services, and creates excessive paperwork for workers. In some instances, licensed workers are asked to compromise professional codes of ethics and conduct when decisions about services are guided by funding concerns.

Realistic and manageable caseload standards must be established and followed to ensure highest quality of client services. Assessments of AB 2034 programs have demonstrated the direct link between caseload capacity and client outcomes. We support expanded hours and methods of providing services to clients but realize that increased staffing must accompany increased access for clients to mental health services. Indicators that staff are overburdened, such as the length of wait for clients in making appointments, forced overtime among workers, and worker turnover and absenteeism, should be

monitored to better identify and control caseload levels. Other considerations in setting caseload standards should be case intensity and amount of non-billable work such as administrative tasks, community work, and transit time.

## **EQUIPMENT AND FACILITIES NEEDS**

**T**he Mental Health Services Act earmarks funds for capital facilities and technology improvement, citing the system's lack of physical and technological infrastructure to provide expanded services. We add our voice to encourage this needed improvement to infrastructure. Working daily in existing facilities, we know the need for expanded space and equipment to provide state-of-the-art, comprehensive services within an appropriate setting to ensure highest quality services for our clients.

As new and enhanced services for clients are created, expanded facilities and equipment are necessary. We are eager to help develop any outcomes software that will be used, so that when it moves to the staff it is worker-friendly and therefore effective in collecting the necessary data. Workers need adequate and confidential space to work with clients. Client and worker space should meet Occupational Safety and Health Administration (OSHA) standards to protect the health of clients, families, and workers. Workers should have access to tools needed for their work, both clinical and less formal services. Vehicles for mobile services, cell phones, computer

and technological equipment, and training to use these tools are all important supports for the comprehensive nature of work funded by the MHSA. Suitable building space, appropriate equipment, and harmonious environment also reinforce professional work standards and promote worker retention.